

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024008

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 12-8

Primary Registration District No. 2000

Registrar's No. 904A

STATE FILE NUMBER

FILED JUN 26 1963

1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

3 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY BUTLER

c. CITY OR TOWN FISK

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

GENERAL DELIVERY

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ARTHUR GARFIELD WELLS4. DATE OF DEATH
Month Day Year
JUNE 11 19635. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2/22/819. AGE (last birthday)
82IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (City and state or country)

TENNESSEE

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

STEVE M. WELLS

13b. MOTHER'S MAIDEN NAME

JANE DALE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO17. INFORMANT
Address
CLAUDE E. WELLS, SEDALIA, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral contusion

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

car accident

20c. TIME OF INJURY
Hour a.m. p.m. 8:50 6-9-6320d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway 65

20f. CITY, TOWN, OR LOCATION

Buffalo,

COUNTY

STATE

MO

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at 10:50 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John L. K. Tsang M.D.

22b. ADDRESS

1636 S. BLENSTONE

22c. DATE SIGNED

6-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6/12/63

23c. NAME OF CEMETERY OR CREMATORY

BROWN CHAPEL

23d. LOCATION (City, town, or county)

BUTLER COUNTY, MO.

24. FUNERAL DIRECTOR

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-24-63

26. REGISTRAR'S SIGNATURE

Effie E. Minton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0.397

2 0120

3

4 0

5 2

6

7 1

8 2

9 X

10

11 000

12 4-0

13

John L. K. Tsang, M.D.
USE BLACK INKTYPEWRITER RIBBON
OR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lucas T. Howard

Licensed Embalmer No. _____

4815

P. O. Address _____

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

190-0
2000

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0-11

Permit
6-13-63